

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/580,665

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3		1					
4		1					
5		1					
6		1					
7		1					
8		1					
9		1					
10		1					
11		1					
12		1					
13							
14							
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18							
19							
20							
21	1						
22		1					
23		1					
24		1					
25		1					
26		1					
27		1					
28		1					
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48							
49							
50							
TOTAL IND.	2						
TOTAL DEP.	20	◀	◀	◀	◀		
TOTAL CLAIMS	22						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
53							
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95							
96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.			◀	◀	◀	◀	◀
TOTAL CLAIMS							